

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019252

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1566

FILED MAY 28 1963

VS 300
Rev. 4/59

1 0128

2 1110

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DATE AMENDED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Poplar Bluff</u>		c. CITY OR TOWN <u>Piedmont</u>	
Length of stay in 1b <u>8 Days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Poplar Bluff Hos.</u>		d. STREET ADDRESS (If outside, give location) <u>Piedmont</u>	
3. NAME OF DECEASED (Type or print) First <u>Gerome</u> Middle <u>Lee</u> Last <u>Shepherd</u>		4. DATE OF DEATH Month <u>May</u> Day <u>11</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-2-81</u>
9. AGE (last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u> Hours <u>11</u> Min. <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Timber Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wayne Co. Mo</u>	
11. BIRTHPLACE (City and state or country) <u>Wayne Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John R. Shepherd</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Turner</u>	
14. NAME OF HUSBAND OR WIFE <u>Nellie Fitzgerald (Deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>	
16. SOCIAL SECURITY NO. <u>10</u>		17. INFORMANT <u>Rodney Shepherd Elbrada, Ark.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Apoplexy</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>5-3-1963</u> to <u>5-11-63</u> and last saw him alive on <u>5-11-63</u> Death occurred at <u>8:00P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. O. Henderson M.D.</u>		22b. ADDRESS <u>215 Oak St. Poplar Bluff, Mo.</u>	
22c. DATE SIGNED <u>5-22-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>5-13-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Marble Hill Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Butler Co. Mo.</u>		24. FUNERAL DIRECTOR <u>William Cooks Piedmont, Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>5/23/1963</u>		26. REGISTRAR'S SIGNATURE <u>Theresa Graham</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by C. J. Der Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William Coder

Licensed Embalmer No.

3723

P. O. Address

Piedmont Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.